



## Seat Pleasant PAL Mentoring: Youth Mentee Application



**Please answer these questions as completely as possible. This information will help us to match you with the right mentor. (Please print)**

Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Gender (circle one): **M** **F**

Race/Ethnicity: \_\_\_\_\_

Free/Reduced Lunch Status: **Eligible** **Not Eligible** **Not Sure** **Prefer Not to Say**

Special Education/Disability? **Y / N**

Are you a peer mentor? (Teens Only) **Y / N**

Referral? **Y / N**

Referred by: **School Resource Officer / Juvenile Judge / Family Court / Community Officer / School / Other**

If **other**, who? \_\_\_\_\_

Have you previously been a PAL member? **Y / N**

Parent/Legal Guardian's Name: \_\_\_\_\_

My favorite kind of music is: \_\_\_\_\_

My favorite television show is: \_\_\_\_\_

My favorite sport is: \_\_\_\_\_

My favorite book is: \_\_\_\_\_

My favorite subject in school is: \_\_\_\_\_

My least favorite subject in school is: \_\_\_\_\_

What are your special interests and hobbies (sports, arts & crafts, computers, music, reading, cooking, games, painting, etc.)? \_\_\_\_\_

What clubs or groups do you belong to? \_\_\_\_\_

What do you like to do most with your free time? \_\_\_\_\_

Why do you want to be a part of the PAL Mentoring program? \_\_\_\_\_

**If accepted into the PAL Mentoring program, I agree to participate for a full year. I agree to meet with my mentor at the PAL center during weekly PAL Mentoring sessions and will tell the PAL center staff any time I can't make it to a session.**

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Signature of Youth

Date

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Signature of Parent or Legal Guardian

Date





## Seat Pleasant PAL Mentoring: Parent /Guardian Consent Form



I, (name of Parent/Guardian) \_\_\_\_\_, hereby give my permission for my child, \_\_\_\_\_, to participate in the Seat Pleasant Police Athletic League Mentoring program at the Seat Pleasant Activity Center (Club/center).

I fully understand that the program involves mentors, who shall be selected from the community, and will be screened (including a criminal background check) and trained before beginning in the program. A mentor will spend an average of one hour per week with my child on-site at the Club/center in a small group mentoring program. The mentor is not allowed to take or meet with my child beyond the place designated by the Club/center.

I understand that my child will participate in an orientation session in which the program will be explained. The program will last one year and continuation will then be discussed.

I understand that during the course of the mentoring program there may be special group events (incorporating all mentors and youth) and family events planned. I understand that the staff of the Club/center will provide ongoing monitoring of the mentoring activities. I understand that the Club/center staff request permission to obtain my child's academic/attendance records so they can better evaluate the program's impact.

- ☐ Yes, I give the Club/center's Seat Pleasant PAL Mentoring Program Coordinator permission to obtain my child's academic/attendance records from my child's school.
- ☐ No, I do not give permission for records to be obtained.
- ☐ Yes, I hereby grant to the Seat Pleasant Police Athletic League Club/center and National PAL the right to use the photo and/or other digital reproduction of my child, \_\_\_\_\_, or other reproduction of his/her physical likeness for publication processes, whether electronic, print, digital or electronic publishing via the internet and waive all rights of compensation.
- ☐ No, I do not give permission for my child to be photographed.

\_\_\_\_\_  
Signature of Parent or Legal Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Parent or Legal Guardian